

EXHIBIT 1

**UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
ASHEVILLE DIVISION**

MELISSA WELLS,

Plaintiff,

v.

ALFONSO MARTINEZ, and TRADEX
LOGISTICS, INC.,

Defendants.

AFFIDAVIT OF ELIAS SALINAS

Personally appeared before me, Elias Salinas, who, being duly sworn, deposes and states as follows:

1. I am an adult over the age of 18 years old and of sound mind and body. I have personal knowledge of the facts stated in this affidavit and the information stated herein is true and accurate to the best of my knowledge.

2. I am employed as the Safety Director for Tradex Logistics located at 607 Grand Central, Laredo, Webb County, Texas 78045. Tradex Logistics, Inc. is a party to a civil action in the Superior Court Division of Transylvania County, North Carolina entitled "Melissa Wells v. Alfonso Martinez, and Tradex Logistics, Inc.," C.A. No. 20-CvS-451, which was commenced by the filing of a state court Summons and Complaint on October 30, 2020. Defendant Tradex Logistics, Inc. accepted service of the Summons and Complaint on December 21, 2020.

3. The complaint in this matter alleges in paragraph 2 that Defendant Alfonso Martinez is a citizen of Mexico and a resident of Cleveland County, North Carolina. However, this is not accurate and probably resulted from the police who investigated this accident plugging

in his zip code for his address in Mexico and generating a report that indicated he lived in North Carolina.

4. Defendant Martinez is a citizen and resident of Mexico. Attached hereto as Exhibit A, Bates numbered 9070001-46, is a full and complete copy of the file created and maintained by Tradex Logistics, Inc. when it hired Mr. Martinez on August 23, 2018 (four days prior to this accident). Mr. Martinez provided multiple forms of identification including a Mexican Driver's License and Voter Identification Card, pages 9070018-19 of Exhibit A, his border crossing card, page 9070021 of Exhibit A, his B1 authorization, to enter and operate a commercial motor vehicle in the United States to pick up or deliver cargo traveling in the stream of international commerce, issued by the Department of Homeland Security, page 9070022 of Exhibit A, and his Mexican Passport, page 9070023 of Exhibit A. Mr. Martinez on his application and all of his identification is listed as having a residence of "C Sin Nombre S/N, EJ San Antonio Del Coyote, Matamoros, Coahuila, 27450" which is a residence in the City of Matamoros, State of Coahuila, Country of Mexico.

5. I certify and acknowledge that I am signing this affidavit under oath and under penalty of perjury.



Elias Salinas

PERSONALLY APPEARING BEFORE ME is Elias Salinas, who via real-time video conference technology pursuant to G.S. 10B-25, states that he has read the foregoing affidavit and affirms that it is true and accurate to the best of his knowledge and has signed the same before me. Further, he was located in Webb County, Texas, and at which time I was located in Mecklenburg County, North Carolina. After witnessing his execution of the affidavit it was then emailed to me and via real-time video I signed this notarial certificate on January 6, 2021, according to the general notarization requirements and/or emergency video notarization requirements contained in G.S. 10B-25.

SWORN to before me this
6th day of January, 2021.

Catherine E. Lee (SEAL)
Notary Public for Mecklenburg Co., NC

My Commission Expires: Aug. 24, 2022

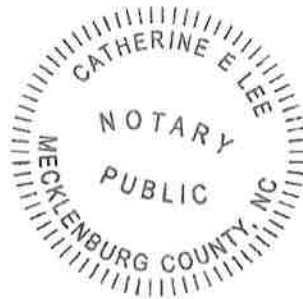


EXHIBIT A

TRADEX

LOGISTICS

Driver Name:

Alfonso Martinez Contreras

- ❖ Copy and Review...
 - CDL
 - Phone # and Emergency # *832 740 7371*
 - Medical Card (and Walvers)
 - Social Security
 - TWIC Card
- ❖ Check medical Examiner to be Certified
- ❖ Check Application
 - Experience (2 Yrs. Verified)
 - Accidents
 - Violations
 - Positives and Refusals
 - Gaps of Unemployment
- ❖ Prepare Folder with Cover Sheet
- ❖ Run Motor Vehicle Report
 - Check if Certified
 - Check violations and accidents
- ❖ Employment Verifications
 - Compare dates with application
 - Check accidents
 - Check drug History
- ❖ Drug Test
 - Results
 - Place hired date on application
 - Chain of custody
- ❖ Orientation
 - Hours of Service
 - Prepass
 - Individual Vehicle Distance Record
 - Driver Guidelines
 - Policies
 - Fuel Card
- ❖ Add...
 - Driver File
 - Drug File
 - HOS File
 - System File
- ❖ Report to Insurance



607 Grand Central Blvd.

Laredo, TX 78045

(956)568-6575

COMMERCIAL DRIVER APPLICATION

Tradex Logistics, Inc.
607 Grand Central Blvd.
Laredo, TX 78045
(956) 568-6575

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS AND PROVIDE ALL INFORMATION REQUESTED—PRINT OR TYPE

Date: 8/23/2018
First Name: A. Henson Middle: _____ Last Name: Martinez Contreras
Date of Birth: 7/27/1956 Social Security Number: _____
Address: Domicilio Conocido Home Telephone: (____) _____
City: Matamoros State: Coahuila Zip: 27450 Cellular Telephone: (832) 740 7371

Do you have the legal right to work in the United States? ☒ Yes ☐ No

Can you provide proof of age? ☒ Yes ☐ No

Have you ever worked for this company before? ☐ Yes ☒ No

If yes, From: _____ To: _____

Reason for leaving: _____

Are you employed now? ☐ Yes ☒ No

If not, how long since leaving last employment? 2 meses

Who referred you? Jose Cruz Rendon

Have you ever been convicted of a felony? ☐ Yes ☒ No

If yes, please explain: _____

Is there any reason you might not be able to perform the functions of the job for which you have applied for? ☐ Yes ☒ No

If yes, explain if you wish: _____

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: 8/23/2018
 Name: First Alfonso Middle _____ Last Martinez Contreras
 Address San Conrado #1 Coyote Coah. Home telephone: _____
 City Matamoros State Coah. Zip 27450 Cellular telephone: 8327407371
 Date of Birth: 7/27/1956 Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From _____ To _____
 City _____ State _____ Zip _____
 2 Street _____ Dates: From _____ To _____
 City _____ State _____ Zip _____
 3 Street _____ Dates: From _____ To _____
 City _____ State _____ Zip _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State coah. Number 200770 Expiration Date 12/11/2019
 State _____ Number _____ Expiration Date _____
 State _____ Number _____ Expiration Date _____

Experience:

B-E 12/17/1979 to actual
 Type of vehicle driven _____ Dates _____ Approximate mileage driven _____
 Type of vehicle driven _____ to _____ Approximate mileage driven _____
 Type of vehicle driven _____ to _____ Approximate mileage driven _____

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____
 Date _____ Describe _____ Fatalities _____ Injuries _____
 Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations/Convictions, last 3 years; (If none, write NONE)

Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

☐ Yes ☒ No If yes, state of issuance; explanation: _____

Employment History, last 10 years (383.35)—account for gaps between employers; (If owner/operator, list carriers leased to)

1) Employer: Forza Transport Dates: 25/05/2018 30/09/2018
 Address: Lobosines TX Milla 18 Supervisor: Juan Diaz
 City, State, Zip code: Laredo TX 76030 Telephone: 956 267 6440

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☒ Yes ☐ NoWere you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☒ Yes ☐ NoReason for Leaving: Por un mejor empleo

2) Employer: TLL Dates: 10/05/2017 10/09/2017
 Address: Gomez Palacio Dgo Supervisor: Miguel Mata
 City, State, Zip code: 27450 Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☒ Yes ☐ NoWere you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☒ Yes ☐ NoReason for Leaving: Por un empleo mejor

Tradex Logistics, Inc.
607 Grand Central Blvd.
Laredo, TX 78045
(956) 568-6575

The below named individual has applied for a position with Tradex Logistics, Inc. this applicant states that he/she was employed and/or contracted with your company. We appreciate your time completing, in confidence, the information required below.

Applicant Name: Alfonso Martinez Social Security#: _____

Dates of Employment: 05/20/14 - 09/10/2017

Position: Driver Reason for Leaving: Better job offer

Type of equipment operated: Tractor Truck

Number of accidents: No Number of At-Fault accidents: No

Dates of accidents: No

Number of injuries: No Number of deaths: 0

Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years?

☐ Yes ☒ No

Has this individual had a controlled substance and/or alcohol test with a positive result within the last three years?

☐ Yes ☒ No

Has this individual refused a controlled substance and/or alcohol test within the last three years?

☐ Yes ☒ No

Did this individual violate any other provisions of the USDOT drug and alcohol testing regulations during this employment?

☐ Yes ☒ No

Have you received information from any previous employer that this individual violated any USDOT drug and alcohol regulation?

☐ Yes ☒ No

Eligible for rehire? ☒ Yes ☐ No

If no, please explain: _____

Company name: TLL Address: Gomez Palacio Durango

Person releasing information: Miguel Mota Position: Supervisor

Signature: phone call Date: 08/25/2018

Tradex Logistics, Inc.
607 Grand Central Blvd.
Laredo, TX 78045
(956) 568-6575

The below named individual has applied for a position with Tradex Logistics, Inc. this applicant states that he/she was employed and/or contracted with your company. We appreciate your time completing, in confidence, the information required below.

Applicant Name: Alfonso Martinez Social Security#: _____

Dates of Employment: 09/08/2018 - 07/20/2018

Position: Driver Reason for Leaving: Better job offer

Type of equipment operated: Tractor Truck

Number of accidents: 0 Number of At-Fault accidents: 0

Dates of accidents: 0

Number of injuries: 0 Number of deaths: 0

Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years?

☐ Yes ☒ No

Has this individual had a controlled substance and/or alcohol test with a positive result within the last three years?

☐ Yes ☒ No

Has this individual refused a controlled substance and/or alcohol test within the last three years?

☐ Yes ☒ No

Did this individual violate any other provisions of the USDOT drug and alcohol testing regulations during this employment?

☐ Yes ☒ No

Have you received information from any previous employer that this individual violated any USDOT drug and alcohol regulation?

☐ Yes ☒ No

Eligible for rehire? ☒ Yes ☐ No

If no, please explain: _____

Company name: Forza Address: Batines TX - Mile 18

Person releasing information: Juan Diaz Position: Supervisor

Signature: phone call Date: 08/25/2018

3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

7). Employer: _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge."

[Signature]
 Applicant's Signature

8/23/2018
 Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name _____

Name *Muro Ramirez*

Title _____

Date _____

Title *Safety Manager*

Date *8/24/2018*

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Employment CST Results Received: _____

Date First Used in Safety Sensitive Position: _____

Date of Termination: _____

REVISED 08/04/18

COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

Application Date 18/8/2018
Name Alfonso Martinez Contreras
First Middle Last
Address dom. con. el coyote coah. Home Telephone _____
City Matamoros State coah Zip 27450 Cell Telephone 832 7407371
Date of Birth 27/07/1956 Social Security Number _____ - _____ - _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	<u>NO</u>
If YES —	Have you successfully completed the return-to-duty process?	YES	<u>NO</u>
If YES —	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

[Signature]
Applicant's Signature

22/08/2018
Date Signed

TO BE COMPLETED BY EMPLOYER:

Received by: _____

Reviewed by: Miro Ramirez

Title: _____

Date: _____

Safety Manager
Title:

23/08/2018
Date:



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.
(*Electronic signatures will not be accepted*)

2. Deliver, mail, Email or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310
Email: MCB.VPR@dps.texas.gov

☐ Check here if CDL Holder
is requesting results on self

Print Name of CDL Holder

Phone Number

Print full Address, City, State and Zip Code of CDL Holder

Social Security #

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or
controlled substance test results reported under Texas state law to

Print Motor Carrier's Name

Phone Number

Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

X

Date

22/08/2018

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.dps.texas.gov.htm>.

MCS-21 (Rev 10/17)

VIOLATION AND REVIEW RECORD

Driver's Name

Alonso Martinez Contreras
(PLEASE PRINT OR TYPE)

I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(DATE OF CERTIFICATION)

(DRIVER'S SIGNATURE)

Tradex logistics, Inc.
(MOTOR CARRIER'S NAME)

607 Grand Central Blvd.
(MOTOR CARRIER'S ADDRESS)

Miro Ramirez
(REVIEWED BY SIGNATURE)

Safety Manager
(TITLE)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
(MOTOR CARRIER'S NAME)	(MOTOR CARRIER'S ADDRESS)	
(REVIEWED BY: SIGNATURE)	(TITLE)	(DATE)

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Tradex ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Alfonso Martinez ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date:

22/08/2018

Signature



Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



BACKGROUND CHECK DISCLOSURE AND RELEASE AUTHORIZATION FORM FOR EMPLOYMENT PURPOSES

Background Screening Disclosure

_____ (the "Company") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment application and for employment purposes, including promotion, reassignment, or retention as an employee. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment. Corra, 201 Continental Boulevard, Suite 107, El Segundo, CA 90245, 1-310-524-9800, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization and Release

I, Alfonso Martinez C. authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the Company. I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form. I understand that Corra's privacy practices can be found at <http://www.corragroup.com/privacy-policy.html>.

Signature: _____

Date: 22/08/2018

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Alfonso Martinez Contreras

Print Full Name (First Middle Last)

Maiden/AKA/Previous Name(s)

Social Security Number (SSN)

2F 107 11456

Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

Coah. 2002 70th BEth

Driver's License Number

State of Issue

don. Caracido el coyote Coahuila

Current Address

WPIU de Matamoros Coahuila 27450

City

State

ZIP/Postal Code

832 740 7371

Phone Number


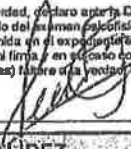








**SUBSECRETARÍA DE TRANSPORTE
DIRECCIÓN GENERAL DE PROTECCIÓN Y MEDICINA PREVENTIVA EN EL
TRANSPORTE**

CONSTANCIA DE APTITUD PSICOFÍSICA

INFORMACIÓN DEL PERSONAL	
Nombre: ALFONSO MARTINEZ CONTRERAS RFC: MACA560727 CURP: MACA560727HCLRNLO3 Género: MASCULINO Número del expediente en la DGPMPT: 258082 Expediente anterior en la DGPMPT: 12070773 Nacionalidad: MEXICANO	
INFORMACIÓN DEL EXAMEN	
Fecha del examen: 2017-12-08 Módo de transporte: AUTOTRANSPORTE	
COMO RESULTADO DEL EXAMEN PSICOFÍSICO INTEGRAL, QUE LE FUE PRACTICADO, EL DICTAMEN FUE: <p align="center">A P T O</p>	
INFORMACIÓN MÉDICA ADICIONAL	
Grupo Sanguíneo: O RH: POSITIVO Usa Lentes: <input checked="" type="checkbox"/> Aéreos: <input checked="" type="checkbox"/> Contacto: <input type="checkbox"/> Observaciones y restricciones del Dictaminador: NINGUNA	
NOMBRE, NO. DE CÉDULA PROFESIONAL Y FIRMA DEL MEDICO DICTAMINADOR AUTORIZADO POR DGPMPT	LUGAR DE PRÁCTICA DEL EXAMEN
FRAYRE CARRANZA, CORA JULIANA Ced. Prof. 3294117	TERCEROS PARTICULARES
<small>Yo FRAYRE CARRANZA CORA JULIANA, bajo protesta de decir verdad, declaro ante la Dirección General de Protección y Medicina Preventiva en el Transporte, que verifiqué la veracidad de los documentos que avalan la identidad del personal, que emito este dictamen derivado del examen psicofísico integral practicado el 08/12/2017 en CALLE SUCHIL N° 331, PARQUE INDUSTRIAL LAGUNERO, GÓMEZ PALACIO, GÓMEZ PALACIO, C.P. 35078, y que la información contenida en el expediente electrónico No. 258082 es verídica, y fue obtenida empleando para ello las mejores prácticas médicas por personal calificado, que me hago responsable de la información aportada con mi firma y en ejercicio de mi cédula profesional, así como el equipo idóneo, operado de que aquél que interrogado por autoridad pública distinta de la judicial (en ejercicio de sus funciones o con motivo de ellas) false o falsifica una veracidad, se hace acreedor a una pena de cuatro a ocho años de prisión y de cien a trescientos días multa de acuerdo a lo establecido en el artículo 247, fracción I del Código Penal Federal.</small>	
Firma: 	
PERÍODO DE VALIDEZ	HUELLA DACTILAR Y FIRMA
DE: 06/12/2017 A: 06/12/2019	 

NOTA: Conforme al artículo 22 del REGLAMENTO del Servicio de Medicina Preventiva en el Transporte publicado el 01 de septiembre de 2010. La Constancia de Aptitud Psicofísica tendrá una vigencia de noventa días naturales, contados a partir de la fecha de su expedición para efectos de que el personal obtenga o revalide la Licencia Federal o Título, Certificado o Libreta de Mar y de Identidad Marítima. Si concluido la vigencia de la Constancia a que se refiere el párrafo anterior, el personal no obtiene, renueva, revalida o recupera la Licencia Federal, Título, Certificado o Libreta de Mar y de Identidad Marítima, así como los permisos que expide la Secretaría para cada modo de transporte federal y sus servicios auxiliares, deberá practicarse otra vez el examen respectivo y efectuar nuevamente el pago correspondiente. El personal deberá portar durante todo el tiempo que lleve a cabo sus funciones en las vías generales de comunicación, el original o copia certificada de la constancia de aptitud psicofísica en los términos que señalen los requisitos médicos para cada modo de transporte que emita la Dirección.

Perfil de Autotransporte Federal
El Personal del Autotransporte Público Federal deberá someterse a un examen Psicofísico Integral, a efecto de evaluar su Aptitud Psicofísica para el ejercicio de las atribuciones que su Licencia Federal le confiere, con una periodicidad de dos Años.





Departure Number

960048770 85

Department of
Homeland Security

CBP I-94A (11/04)
Departure Record

B1

015664

APR 11 2018

Oct 10 2018

Family Name

MARTINEZ CONTRERAS

First (Given) Name

ALFONSO

Birth Date (Day Mo Yr)

27, 07, 56

Country of Citizenship

MEXICO

20180411 US-VISIT 20180411 MULTIPLE



SISTEMA MUNICIPAL DE AGUAS Y SANEAMIENTO DE MATAMOROS, COAHUILA

R.F.C. SMA-971215-Q24 TELS. 762-18-24 Y 762-19-49

AV. CARRANZA #227 PTE. COL. CENTRO MATAMOROS, COAH., C.P. 27440

"EL PAGO DE ESTE RECIBO NO LO EXIME DE ADEUDOS ANTERIORES"

C 10386

Folio: 70145482

RECIBO DE PAGO

Fecha: 14/08/2018

Nombre: MARTINEZ CONTRERAS ALFONSO

Cuenta: 14451

Domicilio: EJ. COYOTE B. EL CORRALON

Localización: 51-200-08000

Periodo	Agua	Drenaje	Limpieza	Recargos	Descuento	Importe
---------	------	---------	----------	----------	-----------	---------

FEBRERO 15	36.00	0.00	0.00	0.00	0.00	36.00
------------	-------	------	------	------	------	-------

MARZO 2015	71.00	14.00	10.00	6.00	0.00	84.00 **
------------	-------	-------	-------	------	------	----------

** Restan \$27.00 de saldo del mes

Total: 100.00

Saldo: 4,145.50



CAJA
COYOTE
14 AGO 2018
PAGADO

Matamoros
¡Va con todo!



ESTADOS UNIDOS MEXICANOS
ESTADO LIBRE Y SOBERANO DE
COAHUILA DE ZARAGOZA
REGISTRO CIVIL



EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE COAHUILA DE ZARAGOZA
Y COMO OFICIAL 04 DEL REGISTRO CIVIL, CERTIFICO QUE EN EL LIBRO No. 1 TOMO No. 01 DEL
ARCHIVO DE ESTA OFICIALIA, EN LA FOJA No. 509 SE ENCUENTRA ASENTADA EL ACTA No. 509
DE FECHA 29 AGOSTO 1956 LEVANTADA POR EL
C. OFICIAL 04 DEL REGISTRO CIVIL CON RESIDENCIA EN COYOTE
MUNICIPIO DE MATAMOROS COAHUILA EN LA CUAL SE CONTIENEN LOS SIGUIENTES DATOS:

ACTA DE NACIMIENTO

NOMBRE ALFONSO MARTINEZ CONTRERAS
FECHA DE NACIMIENTO 1956 JULIO 27 23:00
AÑO MES DIA HORA
PRESENTADO ☒ VIVO ☐ MUERTO SEXO ☒ MASCULINO ☐ FEMENINO
LUGAR DE NACIMIENTO
EJIDO COYOTE MATAMOROS COAHUILA MEXICO
LOCALIDAD MUNICIPIO ENTIDAD PAIS

COMPARECIO EL PADRE

PADRES

NOMBRE ALFONSO MARTINEZ GONZALEZ
EDAD 26 AÑOS NACIONALIDAD MEXICANA
NOMBRE MARIA CONTRERAS MORALES
EDAD 23 AÑOS NACIONALIDAD MEXICANA

ABUELOS PATERNOS

NOMBRE EMILIANO MARTINEZ NACIONALIDAD MEXICANA
NOMBRE MARIA CRUZ GONZALEZ NACIONALIDAD MEXICANA

ABUELOS MATERNOS

NOMBRE JOSE CONTRERAS (F) NACIONALIDAD MEXICANA
NOMBRE EULALIA MORALES NACIONALIDAD MEXICANA

C.R.I.P. C.U.R.P.

SE EXTIENDE ESTA CERTIFICACION, CON FUNDAMENTO EN EL ARTICULO 156 DEL CODIGO CIVIL
VIGENTE EN EL ESTADO DE COAHUILA, EN COYOTE A LOS
31 DIAS DEL MES DE AGOSTO DE 2006

EL C. OFICIAL 04 DEL REGISTRO CIVIL DOY FE.

C. RAMON SANCHEZ HERNANDEZ

NOMBRE

FIRMA

ASIENTA C.S.R.

0140535





TRANSPORTES LOGÍSTICOS DE LA LAGUNA S.A. DE C.V.

BLVD. GOMEZ PALACIOS NO. 149 DEL PARQUE INDUSTRIAL LAGUNERO
INT. 1 2DO. PISO GOMEZ PALACIO, DGO. C.P. 35070

11 DE ENERO DEL 2018.

A QUIEN CORRESPONDA:

POR MEDIO DE LA PRESENTE HACEMOS CONSTAR QUE EL C. ALFONSO MARTINEZ CONTRERAS, LABORO PARA LA EMPRESA DESDE EL 26 DE FEBRERO DEL 2015 HASTA EL 26 DE AGOSTO DEL 2016, DESEMPEÑANDO EL PUESTO DE OPERADOR DE QUINTA RUEDA.

A PETICION DEL INTERESADO Y PARA LOS FINES QUE ESTIME CONVENIENTES SE EXTIENDE LA PRESENTE, EN LA CD. DE GOMEZ PALACIO DURANGO.

**TRANSPORTES LOGISTICOS
DE LA LAGUNA
S.A. DE C.V.**

R.F.C. TLL040108A08
BOULEVARD GÓMEZ PALACIO
No. 149
DEL PARQUE INDUSTRIAL
LAGUNERO
INTERIOR 1 2DO. PISO
GÓMEZ PALACIO, DGO. C.P. 35070



**LIC. SERGIO MARTINEZ CENTENO
RECURSOS HUMANOS**

Boulevard Gómez Palacio No. 149 Del Parque Industrial Lagunero Interior 1 2do. Piso
Gómez Palacio, Dgo. C.P. 35070



0008749



A QUIEN CORRESPONDA:

Por medio de la presente, hago constar que previa revisión del Archivo de Identificación Judicial existente en la Dirección de Ejecución de Penas en el Estado, no se encontró a la fecha antecedente penal en contra de:

MARTINEZ CONTRERAS ALFONSO

A solicitud de la parte interesada y para los usos legales que a la misma convenga, y con fundamento en los Artículos 1º, 88 fracción V y 96 último párrafo de la Ley de Ejecución de Sanciones Penales y Reinserción Social vigente en el Estado, se expide la presente constancia de No Antecedentes Penales, en la Ciudad de Torreón, Coahuila de Zaragoza; el día 12 del mes de Enero del 2018.

ATENTAMENTE.
"SUERAGIO EFECTIVO, NO REELECCIÓN"
EL DIRECTOR DEL CENTRO PENITENCIARIO TORREÓN



DIRECCION
Centro
Penitenciario
Torreón, Coah

LIC. ISRAEL AUSENCIO FRIAS LUNA.



HOURS-OF-SERVICE RECORD FOR FIRST TIME OR INTERNATIONAL DRIVERS

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

X Name (Print) Alfonso Martinez Contreras
First Middle Last

DAY TOTAL TIME ON DUTY

1	08/16	<u>0</u>
2	08/17	<u>0</u>
3	08/18	<u>0</u>
4	08/19	<u>0</u>
5	08/20	<u>0</u>
6	08/21	<u>0</u>
7	08/22	<u>0</u>

Total 0

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

08/16/2018 to 08/22/2018
(Hour/Date) (Hour/Date)

X Signature: Alfonso Martinez Contreras X Date: 08/22/2018

NEGATIVE RESULT

<u>Company Information</u> LAREDO ANTIDOPING AGENCY 302 CROSSROADS STE-F LAREDO, TX 78045 Phone: (956) 568-2330 Protocol: veronica@laredo.twcbc.com LAB: LABCORP (X4 X4) Account Number: 958387	TEST(S) <table border="0"> <tr> <td></td> <td><u>Screen</u></td> <td><u>Confirm</u></td> </tr> <tr> <td></td> <td><u>Cutoff</u></td> <td><u>Cutoff</u></td> </tr> <tr> <td>Negative</td> <td>6-ACETYLMORPHINE</td> <td>10ng/ml 10ng/ml</td> </tr> <tr> <td>Negative</td> <td>AMP/MAMP</td> <td>500ng/mL 250ng/mL</td> </tr> <tr> <td>Negative</td> <td>COCAINE METABOLITE</td> <td>150ng/mL 100ng/mL</td> </tr> <tr> <td>Negative</td> <td>CODEINE/MORPHINE</td> <td>2000ng/mL 2000ng/mL</td> </tr> <tr> <td>Negative</td> <td>HYC/HYM</td> <td>300ng/mL 100ng/mL</td> </tr> <tr> <td>Negative</td> <td>MDMA/MDA</td> <td>500ng/mL 250ng/mL</td> </tr> <tr> <td>Negative</td> <td>OXYC/OXYM</td> <td>100ng/mL 100ng/mL</td> </tr> <tr> <td>Negative</td> <td>PCP</td> <td>25ng/mL 25ng/mL</td> </tr> <tr> <td>Negative</td> <td>THCA</td> <td>50ng/mL 15ng/mL</td> </tr> <tr> <td></td> <td>CREATININE</td> <td>mg/dL mg/dL</td> </tr> <tr> <td></td> <td>NITRITE</td> <td>ug/mL ug/mL</td> </tr> <tr> <td></td> <td>PH</td> <td></td> </tr> </table>		<u>Screen</u>	<u>Confirm</u>		<u>Cutoff</u>	<u>Cutoff</u>	Negative	6-ACETYLMORPHINE	10ng/ml 10ng/ml	Negative	AMP/MAMP	500ng/mL 250ng/mL	Negative	COCAINE METABOLITE	150ng/mL 100ng/mL	Negative	CODEINE/MORPHINE	2000ng/mL 2000ng/mL	Negative	HYC/HYM	300ng/mL 100ng/mL	Negative	MDMA/MDA	500ng/mL 250ng/mL	Negative	OXYC/OXYM	100ng/mL 100ng/mL	Negative	PCP	25ng/mL 25ng/mL	Negative	THCA	50ng/mL 15ng/mL		CREATININE	mg/dL mg/dL		NITRITE	ug/mL ug/mL		PH	
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	CREATININE	mg/dL mg/dL																																									
	NITRITE	ug/mL ug/mL																																									
	PH																																										
<u>Donor Information</u> Name: MARTINEZ CONTRERAS, ALFONS SSN: XXX-XX- Spec. #: 0036896561 Accession #: 0036896561 Ali ID: COAH200070																																											
<u>Test Information</u> Test Reason: Pre-Employment Mode: FMCSA Date of Collection: 8/23/18 Recv'd CCF: 8/23/18 MRO Verified/Sent: 8/24/18 Print Date: 8/24/18 Spec Type: URINE Clin Info:																																											
<u>Collection Site Information</u> 9565682330 ALEJANDRO GONZALEZ																																											
ID: COAH200070; Testing Authority: Federal Motor Carrier Safety Administration; TRADEX LOGISTICS INC																																											



Dana Carasig, MD-MRO

546 Franklin Ave. Massapequa, NY 11758
 (800) 526-9341

This controlled substance test result has been received by a certified Medical Review Officer and is hereby released to the above named employer in accordance with CFR 49 part 40. Please retain this document in a confidential manner.

CONFIDENTIALITY AND UNAUTHORIZED USE STATEMENT

This document and any files transmitted with it are confidential and intended solely for the assigned designated employer representative and/or drug program administrator to whom this is addressed. If you are not the named addressee you should not disseminate, distribute or copy this report. Any use or dissemination of this report, or the data contained within, outside of its intended purpose by anyone is strictly prohibited. Any modification of this report by anyone is strictly prohibited. Any issues arising from the unauthorized use, distribution or modification of this report will become the sole responsibility and liability of the entity responsible for these unauthorized actions. If you have received this electronic message in error, please notify us immediately by telephone at (800) 526-9341.

This fax was sent with GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

Dirección General de Autotransporte Federal**Consulta de licencias federales de conductor****Foto**

Licencia	Nombre del Conductor	Vigencia Último Refrendo Realizado		Categorías de la Licencia	Último Examen Médico				Observaciones
		Desde	Hasta		Tipo	Apto	Fecha de Dictamen	Fin de Vigencia	
COAH200270	ALFONSO MARTINEZ CONTRERAS	11/12/2017	11/12/2019	B,E,	EXAMEN PSICOFISICO INTEGRAL	SI	06/12/2017	06/12/2019	ESTA LICENCIA ES VÁLIDA EN EUA Y CANADA
									B) CARGA
									E) CARGA MATERIALES PELIGROSOS

El operador cumple con los requisitos para poder conducir

[Regresar](#)
Secretaría de Comunicaciones y Transportes
 Subsecretaría de Transporte

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO.

0036896561

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. 	B. MRO Name, Address, Phone No. and Fax No.
C. Donor SSN or Employee I.D. No. _____	
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG	
E. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____	
F. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____	
G. Collection Site Address: _____	
Collector Phone No. _____	
Collector Fax No. _____	

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark _____	<input type="checkbox"/> Observed, Enter Remark _____
REMARKS _____		

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.		SPECIMEN BOTTLE(S) RELEASED TO: _____	
X _____ Signature of Collector		AM _____ PM _____	
(PRINT) Collector's Name (First, MI, Last) _____	Date (Mo/Day/Yr) _____	Time of Collection _____	Name of Delivery Service _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X _____ Signature of Donor		(PRINT) Donor's Name (First, MI, Last) _____		Date (Mo/Day/Yr) _____	
Daytime Phone No. _____	Evening Phone No. () _____	Date of Birth 7/12/1980 (Mo/Day/Yr)			

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE for: _____	<input type="checkbox"/> TEST CANCELLED
<input type="checkbox"/> DILUTE	
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below:	
<input type="checkbox"/> ADULTERATED (adulterant/reason): _____	
<input type="checkbox"/> SUBSTITUTED	
<input type="checkbox"/> OTHER: _____	

REMARKS: _____	
X _____ Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last) _____
Date (Mo/Day/Yr) _____	

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

<input type="checkbox"/> RECONFIRMED for: _____	<input type="checkbox"/> TEST CANCELLED
<input type="checkbox"/> FAILED TO RECONFIRM for: _____	

REMARKS: _____	
X _____ Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last) _____
Date (Mo/Day/Yr) _____	

DRIVER POLICY AND SAFETY MANUAL



INTRODUCTION

This manual is designed to provide drivers, employees, and all other concerned parties with information regarding the operational policies, safety policies and general practices of this company. A wide scope of information is provided herein. However, it is not the intent of the company to list all of its programs, policies and or procedures in this manual. It is also understood that the information contained herein is subject to change at the discretion of the company. Additional policies and directives may be issued at any time. It is the intent of this company to operate safely and in accordance with the regulations set forth by the Department of Transportation and all other applicable agencies. Nothing in this manual is designed to supersede these regulations. All drivers are expected to operate safely and courteously on the highways. Evidence that this requirement is not being honored will result in the immediate revocation of the safety clearance of the offending driver.

GENERAL POLICIES

1. All drivers are expected to operate within the limits set forth in the federal regulations, and local, municipal and state laws of all jurisdictions operated in. This is inclusive of logging regulations, weight limitations, speed limits, and physical requirements. Drivers who violate these laws will be subject to disciplinary action by the company.
2. Drugs and alcohol are strictly prohibited in any vehicle operating on behalf of the company.
3. Firearms are strictly prohibited in all vehicles operating on behalf of the company.
4. Pets/animals of any kind are expressly forbidden from being in any vehicle operating on behalf of the company.
5. Passengers are not allowed.
6. All customers, employees and members of the general public are to be treated with respect and courtesy.
7. Paperwork is to be turned in at the end of each trip. If you do not return to the terminal, bills, logs, etc should be mailed to us in a timely manner.
8. Accidents must be reported to the company as soon after the accident as possible. Failure to report accidents will result in the revocation of the driver's safety clearance.
9. All drivers are expected to check call daily and to stay in touch with the company as requested by dispatch. This may require several phone calls per day in some instances.
10. C.B.s are a valuable tool for drivers. Please use yours with respect for the motoring public. We do not expect our drivers and representatives to use profanity or vulgarities on the radio.
11. It is expressly forbidden for any employee or agent of the company to come onto company property under the influence of any illegal drug or alcohol.
12. All trucks are expected to use the shortest practical routes. Out of route miles will be charged back to the driver at the current fuel costs. If a direct route is unsafe due to mountains, narrow highways, or other reasons, please advise your dispatcher and obtain approval for alternate routing.
13. Deliveries are to be made in a timely fashion. This company will not ask any driver to violate state or federal laws in order to make an on-time delivery.

However, so long as the scheduling allows for on-time deliveries, drivers are expected to meet their appointment times.

14. If, for any reason, a driver foresees that an appointment time cannot be met, dispatch must be notified as soon as possible so that they can coordinate with the customer.

15. Fuel should be purchased only at authorized fuel stops. If such stops have not been designated, it is the responsibility of the driver to help control fuel costs by buying fuel at the lowest prices available.

What to do at the Scene of an Accident

Although we strive to operate accident free, we know that an accident can occur at any time. If you are involved in an accident, please follow these guidelines.

1) Secure the scene. This may consist of putting out triangles, activating the 4-ways on all vehicles, setting out flares, (If there is no spill or volatile chemicals such as gas, diesel fuel, etc) and using other persons for traffic control. In the case of minor accidents it may be advisable to move the damaged vehicles from the roadway. However, if doing so, please photograph or otherwise verify the location of both vehicles prior to moving them.

2) Render first aid and/or comfort to injured parties, if necessary. If you do not feel capable of performing this function, try to find someone who can assist.

3) Notify the police as quickly as possible

4) Notify the company as quickly as possible

5) Get out your accident kit and begin obtaining all information that is asked for on the accident report.

6) If the other party is willing to accept the blame, ask them to fill out the driver exoneration form.

7) Obtain the names, addresses and phone numbers of any witnesses. If people refuse to provide the above information, record their license plate number and provide that information to the insurance company representative.

8) Make no statements to anyone other than the police, and then only respond to questions that they ask.

9) If you have a camera, take photographs of all aspects of the accident scene.

10) Photograph all four sides of all vehicles involved.

11) Photograph skid marks, gouge marks, and debris that is in the road as a result of the accident. In these photographs, try to get some landmarks in the background to help identify the location of the items.

12) Photograph any temporary situations such as illegally parked vehicles, obscured signs, etc that were contributory to the accident.

13) Photograph the other parties involved. In particular, if they seem healthy and are leaning over, or otherwise showing back and leg mobility, photograph those actions to verify the limits of their injuries.

14) Photograph the license plates of all vehicles stopped at the accident scene. These might very well be witnesses that could not otherwise be discovered.

15) Comply with the drug and alcohol testing requirements if necessary. Remember, you must drug and alcohol test if; 1) it is a fatal accident, 2) it is a personal injury accident and you received a citation or 3) It is a property damage accident that results in one or more of the vehicles being towed and you received a citation.

All accidents will be evaluated by the company for preventability. Any driver who has 2 preventable accidents in a 3 year period will lose their safety clearance.

CONTROLLED SUBSTANCES, ILLEGAL ALCOHOL USE, DISHONESTY

Any driver applicant who is found to be under the influence of an illegal drug or un-prescribed controlled substance shall be eliminated from consideration for employment.

Any driver who is found to be in possession of, or under the influence of any illegal drug or controlled substance shall, without recourse, be terminated. Any driver who is found to be operating a company vehicle while under the influence of alcohol or who is found to be in possession of alcohol while on a company vehicle shall, without recourse, be terminated.

Any driver who commits an act of dishonesty while in the scope of employment shall, without recourse, be immediately terminated, and shall not be eligible for rehire. Acts of dishonesty shall include, but not be limited to the following:

1. Theft of company equipment.
2. Criminal conversion of company property.
3. Illegal use or possession of drugs or controlled substances.
4. Operating a vehicle under the influence of alcohol.

5. Making false statements or statements that are materially incorrect with the intent of misleading the company regarding any action that might jeopardize the well being of the company.

6. Any act of violence against an employee, customer, or any member of the general public while acting as a representative of this company.

7. Any act of a malicious or destructive nature that affects the well-being of the company or its employees.

8. Conviction of a felony while in the scope of employment.

The above rules shall apply to all employees, independent contractors, and representatives of this company.

HOURS of SERVICE and DRIVER's DAILY LOG

All drivers are expected to operate within the laws set forth by the DOT. A brief explanation of those laws is set forth below.

14 Hour Rule: This rule requires drivers to stop 14 hours after beginning their duty tour. Regardless of how the time is spent, the driver must take a 10-hour break at the end of 14 hours. The 14 hour period begins once the driver ends his 10-hour break by making an entry line 4, on duty, or line 3, driving.

11 Hour Rule: Within the 14 hours allowed to the driver, only 11 of those hours may be spent on line 3, driving. Once the driver has had 11 hours of driving time, he must take a 10-hour break before driving, even if he has time left in his 14-hour period.

70 Hour Rule: This rule states that once you have been working for **70** hours in any **8-** day period, you may not **drive**. In order to comply with this regulation, you need to keep track of your hours. Each day, before you begin driving, you need to add up your total hours on lines 3 and 4 for the past 7 days and subtract the answer from 70. Whatever is left is what you can drive that day. The 70 hours of accumulated time may be eliminated by taking 34 consecutive hours off duty. If the driver has 34 consecutive hours off, his 70 hour total is reduced to 0 and he begins the cycle again.

10 Hour Break: Breaks must be taken in the sleeper berth or off duty. If sleeping in a sleeper berth equipped truck, the time should be logged on line 2, Sleeper berth. Off duty time spent outside of the sleeper should be logged on line 1, Off Duty. If the 10 hour break is uninterrupted by any on duty or driving time, you may combine line 1 and line 2 to achieve your 10 hours.

Speed: DOT requires that all trucks abide by the speed limits of the states that they are operating in. They also state that in their opinion, if a truck obeys the law, it cannot average more than 5mph less than the speed limit. In the case of 2 lane highways with a 55mph speed limit, DOT believes that the maximum that a truck can average is 45mph. Be sure that your average speeds for the trip do not exceed these maximums.

On Duty Time: All fuel stops, DOT inspections, random drug tests, time spent loading/unloading, breakdowns, vehicle inspections, and accidents must be unloading time should reflect only the time that is spent actually working. Time spent waiting, etc, may be logged off duty or in the sleeper berth

Timely submission: Logs should be turned in as soon after completion as possible. Ideally, all logs should be turned in every time that the truck returns to the terminal. At the very most, DOT requires that the logs be turned in not more than 13 days from the date of completion.

Falsification: Logs must match all timed and dated documents including fuel stops, road side inspections, toll tickets, Kat Scale tickets, and freight bills. Mileage must be at least the miles listed by PC Miler or Household movers guide. Point to point miles should match as well as total miles for the trip.

SAFETY

All drivers are expected to operate in a safe and defensive manner at all times. More than one at fault accident in a three-year period will result in the driver's safety clearance being revoked.

Speed: It is expected that all drivers operate within the posted speed limits for the states that they are operating in. Excessive tickets will result in the driver being put on probation or terminated.

Following distances: All drivers are expected to use the National Safety Council's following rule. This requires a minimum of 7 seconds of following distance at highway speeds and 6 seconds at speeds under 40mph. These following distances should be increased by at least 1 second if the roads are wet or slick.

Reduced Traction: Adverse weather conditions can result in reduced traction. In the event of rain, reduce your speed by 25-30% and increase your following distance by at least 1 second. If the rain is heavy enough to require your wipers to be operated on high, or if your visibility is reduced by tire spray, speeds may need to be decreased even further and following distances increased. When operating on snow covered highways, speeds should be decreased by at least 50% and following distances should be increased by at least 2 seconds.

This rule applies even if the snow cover on the highway is intermittent. Remember, there may well be icy conditions as a result of snow being compressed by traffic. When operating on icy roads, the best recommendation is "don't." When conditions become icy, find a safe haven and get off the road. Until you can do this, reduce your speed to a crawl, use your 4-ways, and increase your following distances by at least 2-3 seconds. Remember, ice at 32 degrees can be up to 10 times as slick as ice at 0 degrees. This means that your stopping distances can increase by a factor of 10. (As an example, on wet ice, stopping distances at 30 miles per hour can increase from a normal distance of 100 ft to as much as 800-900 ft.)

Reduced visibility: Conditions such as snow, fog, heavy rain, dust, and smoke can result in reduced visibility. The rule for such conditions is to reduce your speed so that you can stop within your window of visibility. If such a speed reduction creates a hazard of being rear ended, use your 4-way flashers, stay to the right, and find a safe place to exit the highway and park as soon as possible. As a rule of thumb, make sure that you can see at least 8-10 seconds ahead of your vehicle. This gives you the opportunity to see hazards, process the information, and react without an emergency lock-up that increases the risk someone rear-ending you.

Courtesy: All drivers are expected to operate in a safe and courteous manner at all times. This is the key to defensive driving, and it doesn't cost you anything to be courteous to other traffic.

Time management: One of the biggest problems that drivers have is time management. Too often, drivers wait until the last minute to leave home or the terminal. Or, a driver who does leave in a timely manner will spend too much time at the truck stop drinking coffee or playing video games instead of heading down the road. In either case, the driver is now on a tight schedule. Any minor delay along the route will cause a late delivery or will cause the driver to feel "pushed for time". This usually results in speeding, discourtesy, and excessive fatigue on the part of the driver. Schedule yourself properly and watch your time. Don't create emergencies through poor time management.

Backing: Backing represents less than 10% of our driving, but represents more than 25% of our accidents. Before backing, get out and look. Be sure that the area is clear of obstacles before you back. Begin your back from as close to the dock as you can so that things don't have a chance to change before you get there. If backing across a highway or busy street, be sure to get someone to stop traffic for you before you begin backing. If the shipper/receiver won't help you, call the safety department for assistance. **DO NOT BACK ACROSS A HIGHWAY OR STREET AFTER DARK WITHOUT SOMEONE TO STOP TRAFFIC FOR YOU.**

Inspections: Don't wait until the truck breaks down to find the problem. DOT and the company both require that you do a thorough pre-trip and post-trip

inspection on your vehicle. As you do your walk around, be sure to take a rag with you and wipe off your reflective striping, reflectors, lights, and mirrors.

Emergency breakdowns: If for some reason, you are required to stop on the side of the road for emergency reasons, put out your triangles. Be sure that they are far enough behind your truck to warn oncoming motorists and to meet the requirements found in part 392 of motor carrier regulations.

GENERAL INFORMATION

Roadside Inspections: All roadside inspections must be turned into the company as soon as possible. If you or your truck are placed out of service, call your dispatcher immediately. Remember, it is your responsibility to inspect your equipment and notify the company of any defects. If you receive a citation for faulty equipment, you are responsible for paying the ticket.

Overweight: It is the policy of the company to operate in a legal manner, unless we have ordered an overweight and/or oversize permit. You must weigh your load at the first convenient location and immediately report any overweight load. You will then be directed to return the load to the shipper for adjustment. If you fail to weigh your load and receive an overweight ticket, you are responsible for the payment of that ticket.

Fueling: All fueling should be done at designated stops. If no stops are designated, we expect the driver to try to find the least expensive fuel in an area and use that stop. We also understand that the cheapest fuel may not be at a station that provides clean showers. If you incur extra shower costs as a result of fuel savings for the company, turn in your shower ticket with your expenses.

Paperwork: All paperwork must be turned in as soon after delivery as possible. Paperwork should include the signed bill of lading, scale tickets, fuel receipts, the completed trip report, your logs, any toll tickets, and any other expenses that you need to be reimbursed for. You will not be paid for a load unless all the paperwork is turned in.

Freight Claims: If you are responsible for load and count, you will also be responsible for all shortages or damages. Check your load as it is going onto the truck and as it is coming off. If it is a sealed load or a SLC load, verify the unload count. Immediately call dispatch if there are any damages or shortages. Do not sign for damages or shortages until you have talked to dispatch.

Check Calls: Check calls should be made every day before 10am unless otherwise coordinated with dispatch. In addition, if you are going to be late, or have any other Enroute problem, immediately call dispatch. Remember, communication is important. We need to hear from you so that we can tell our customers what to expect.

Breakdowns: In the event of a breakdown, call the shop immediately. Do not attempt to repair the truck unless it is a minor problem that you feel comfortable repairing. Remember to put out your triangles as necessary.

RECEIPT FOR SAFETY MANUAL

I hereby certify that I have received the company safety manual and that I have read and understand all the information contained therein. I further agree to abide by the provisions that are set forth in the manual.

Date

8/24/2018

Signed



Printed name:

Alfonso Martinez C.



PENALIZACIONES Y BONIFICACIONES

- **Limpieza de Unidad**

Estimado operador recuerde que la unidad asignada es tu principal herramienta de trabajo por favor conservar limpia su cabina.

Al finalizar cada viaje, favor de entregar su unidad limpia y con esto evitar una penalización de \$ 50.00 Dlls por unidad indecente.

- **CADA UNIDAD DEBE PERMANECER EN EL PATIO DE TRADEX.**

Después de finalizar su viaje, la unidad deberá permanecer en los patios de la empresa; para movimientos locales deberán tener previa autorización de su jefe inmediato.

- **USO DEL LIBRO ELECTRONICO.**

A partir del 18 de Diciembre del 2017 entro en vigor el uso obligatorio para todas las empresas del Libro Electrónico (E-LOG).

El uso indebido del libro electrónico Sin Autorización del Departamento del Safety dará lugar a una penalización por hasta \$500.00 Dlls.

Cualquier desperfecto o mal función del Libro Electrónico Favor de reportarlo de inmediatamente al Departamento de Safety

- **Entregas en Laredo**

Es obligación del Operador descargar su caja aquí en Laredo, A excepción que su despachador le indique lo contrario o tenga asignado un viaje más que impida realice su descarga.

El desacato de esta obligación causara una penalización de \$100.00 Dlls.

- **Compromiso de viaje**

Es sumamente importante cumplir con la salida el día acordado para despacho;

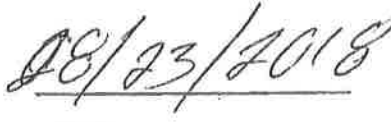
El incumplimiento de este compromiso podría causar hasta una semana de suspensión.

NO VIOLATIONS

Por cada inspección en carretera o báscula que concluya en NO VIOLACIONES entregado al departamento de Safety, se bonificaran \$100.00 Dlls al Operador inspeccionado.



Signature



Date



Leopoldo Mendiola



ALCOHOL AND CONTROLLED SUBSTANCES POLICY

The company has adopted an alcohol and controlled substances policy to ensure the safety and well-being of all employees. Company policy forbids the possession or consumption of alcoholic beverages and the possession or use of any controlled substances on the premises, or while on the company business.

The definition of a "controlled substance" is any drug, narcotic, inhalant, hallucinogen, barbiturate, amphetamine, mixture, or compound not prescribed by a licensed physician for the legitimate treatment of a specific employee's medical condition.

Employees taking prescription drugs for an illness or other legitimate medical need must notify their direct supervisor in writing of the possible effects of the medication which may impair the individual's physical or mental capabilities, and/or impair their ability to perform their job functions. The notification should also include the length of time expected to take the medication.

Users of controlled substances or alcoholic beverages present a serious danger, not only to themselves, but to all other employees with whom they work or come in contact. Lack of mental alertness, slow reactions and other effects of alcohol and drugs lead to poor judgment and errors that place our workers and facility in grave danger. Management cannot and will not allow the safety of our workers and facility to be compromised.

Violation of any of the following rules may subject an employee to disciplinary action, including immediate termination.

1. No alcoholic beverages may be brought onto or consumed on company property, or consumed while on company business or while operating a company vehicle.
2. No controlled substance may be brought onto or used on company property, or used while on company business or while operating a company vehicle.



3. Employees taking drugs prescribed by physician must advise their direct supervisor in writing of the possible effects of such medication which may impair their physical or mental capabilities and/or impair ability to perform their job functions. This notification must include the length of time the employee is expected to take the medication. This written information must be given to the direct supervisor before the employee starts work. All medical information will be kept confidential, and any breach of privacy and confidentiality will be punished.
4. No employee may give, sell, or otherwise transfer any controlled substance or prescription drug to any other employee. To do so is in violation of federal law, and the employee involved will be reported to law enforcement authorities immediately.

Once again, any violation of the above rules may lead to disciplinary actions, including immediate dismissal.

COMPANY: TRADEX LOGISTICS INC
607 GRAND CENTRAL BLVD.
LAREDO, TX 78045

A handwritten signature in black ink, appearing to read "Leopoldo Mendiola", is written over a horizontal line.

PRESIDENT: LEOPOLDO MENDIOLA



EMPLOYEE ACKNOWLEDGEMENT OF ALCOHOL AND CONTROLLED SUBSTANCES POLICY

I acknowledge A.MC that I have received a copy of the
Alcohol and Controlled Substances Policy of the Company TRADEX LOGISTICS INC,
I also acknowledge that the provisions of the policy are part of the terms and conditions
of my employment, and I agree to abide by them,

Date:

08/23/2018

Signature of Employee:

[Handwritten Signature]

Print Name:

Alfonso Martinez Cardenas

Company official signature:

[Handwritten Signature]

PRESIDENT: LEOPOLDO MENDIOLA